Dorsor	Filing			
	ss (if not protected):			
	tate, Zip Code:			FOR CLERK'S USE ONLY
_	none:			
	Address:			
•	r's Bar Number: sed Fiduciary Number: .			
	senting $\square$ Self, $\square$ with			Patitionar OP
Respo	_	out a Lawyer or	□ Attorney for □	rendonei OK
-		SUPERIOR C	OURT OF	
	AR	RIZONA IN PI	NAL COUNTY	
In the	Matter of the Estate of:	C	Case Number:	
		A	FFIDAVIT OF SU	JCCESSION
			OR TRANSFER	
		F	ROPERTY TITL	E
	1 1			
□ an Ac	lult □ a Minor, deceased			
STAT	E OF ARIZONA	)		
	NTY OF PINAL	) ss.		
		,		
• •	ning this affidavit, I $\Box$	we $\square$ swear or a	affirm under penal	y of perjury that its
conter	its are true and correct.			
1.	INFORMATION ABO	OUT PERSON	<b>WHO DIED</b> (the d	eceased).
			`	,
	The deceased,	(2222)	, died o	on
				(date)
2.	PLACE OF DEATH. (	Check one box)		
	☐ At the time of death, t	the person who d	ied was living in Pin	al County in Arizona, <b>OR</b>
	☐ At the time of death, t	he person who d	ied was <b>not</b> living in	Pinal County but was
	living at:	nie person who d	ica was not hving in	Timal County, but was
Page <b>1</b> of <b>6</b>	(city and state) and	d owned real prop	perty located in Pina	l County in Arizona.  PB_ASTRP_COSCPinal_07.02.18  Use only most current version

Case No.		

<b>RELATIONSHIP.</b> This is my □ our □ relationship to the person who died: (explain)
<b>DESCRIPTION OF REAL PROPERTY.</b> The <u>legal description</u> as written on the deed of title of the real property is:
INTEREST OF PERSON WHO DIED IN PROPERTY. The interest of the person who died in the real property is (list how the decedent held title to the property or other interest in the property).
<b>VALUE OF ESTATE.</b> The assessed value in the estate of the person who died of all real property located in this state, including any debt secured by a lien on real property, less liens and encumbrances against the real property as of the date of the death, does not exceed \$100,000.00.
<b>SIX MONTH REQUIREMENT.</b> Six months have elapsed since the death, as shown in a certified copy of the death certificate attached to this affidavit.
<b>PERSONAL REPRESENTATIVE.</b> An application or petition for appointment of a personal representative is not pending or has not been granted in any jurisdiction OR an application has been granted but the personal representative has been discharged or more than one year has elapsed since a closing statement has been filed and the \$100,000 limit on the value of the property has not been exceeded.
<b>FUNERAL EXPENSES.</b> Funeral expenses, expenses of last illness, and all unsecured debts of the person who died have been paid.
<b>REASON WHY</b> $\square$ <b>I AM</b> $\square$ <b>WE ARE ENTITLED TO THE PROPERTY.</b> The persons signing this affidavit are entitled to the real property because (check the boxes that apply):
☐ I am the spouse of the deceased and I am claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000) and family allowance (\$12,000). (A.R.S. §§ 14-2401

through 14-2405)
There is no surviving spouse and I am the dependent or minor child of the person who died. I am claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000), and family allowance (reasonable allowance for maintenance of family during administration of estate, generally up to one year). (A.R.S. 14-2401-03). All other dependent children of my deceased parent with equal or greater right than I have to the property, have all assigned their entire interests in the estate to me, which is proven by the copy of the document they signed to this effect that I am attaching to this affidavit or they have signed this affidavit indicating their interest in the property.
☐ There is no surviving spouse and we are the dependents or minor children of the person who died. We are claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000), and family allowance (reasonable allowance for maintenance of family during administration of estate, generally up to one year). (A.R.S. 14-2401-03).
□ I am □ We are named in the will dated of the person who died, the original of which is attached to this affidavit, or a certified copy of the Will which has been probated as follows (name of court and case number)
☐ The person who died had no will, and I am entitled to the property by law because (check one box)
$\square$ I am the spouse of the person who died;
☐ I am a child of the person, who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not my parent and the deceased had separate or community property;
$\Box$ I am the parent of the person who died, and there is no surviving child, spouse or parent;
$\square$ I am a brother or sister of the person who died, and there is no surviving spouse, child or parent.
☐ The person who died had no will, and we are entitled to the property by law because (check one box)
☐ We are children of the person who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not our parent and the deceased had separate or community property;

$\square$ The person died without a will and $\square$ I am $\square$ We are the sole heir(s).
☐ The person died without a will and the people with equal or greater right than I have to the property have assigned their entire interests in the estate to me, which is proven by the copy of the documents they signed to this effect that I am attaching to this affidavit or have signed this affidavit indicating their interest in the property.
☐ The person died without a will and the people with equal or greater right than we have to the property have assigned their entire interests in the estate to all of us. This assignment is proven by the copy(ies) of the signed documents, which we attached to this affidavit, or have signed this affidavit indicating their interest in the property.
$\Box$ The person died and left a valid will giving the entire estate to me/us.
☐ The person died and left a valid will, and the people with equal or greater right than I have to the property assigned their entire interest in the estate to me. This assignment is proven either by the copy of the signed document attached to this affidavit or I signed this affidavit indicating their interest in the property.
☐ The person died and left a valid will, and the people with equal or greater right than we have to the property assigned their entire interest in the estate to us. This assignment is proven by the copy of the document(s) attached to this affidavit or we have signed this affidavit indicating their interest in the property.

- 11. **OTHER PERSONS.** No other person has a right to the interest of the decedent in the described property.
- **12. TAXES.** No federal or Arizona estate tax is due on the person who died estate.

Case No.		

## OATH OR AFFIRMATION.

	Printed Name of Person	Date
ATE OF	<u></u>	
OUNTY OF		
bscribed and sworn to or affirmed	(date)	by
4		
otary seal) more than 1 beneficiary/transfere	1 ,	or Notary Public
<ul> <li>more than 1 beneficiary/transfere</li> <li>I certify under penalty of pecorrect.</li> </ul>	e, please sign below  rjury that the contents of this	affidavit are true and
more than 1 beneficiary/transfere • I certify under penalty of pe	e, please sign below  rjury that the contents of this	ŕ
<ul> <li>more than 1 beneficiary/transfere</li> <li>I certify under penalty of pecorrect.</li> </ul>	e, please sign below  rjury that the contents of this  Printed Name of Person	affidavit are true and
<ul> <li>I certify under penalty of pecorrect.</li> <li>Signature of Person Making Affidavit</li> </ul>	e, please sign below  rjury that the contents of this  Printed Name of Person	affidavit are true and

notary seal)  Deputy Clerk or Notary Public  I certify under penalty of perjury that the contents of this affidavit are true and correct.  Signature of Person Making Affidavit  Printed Name of Person  Date  STATE OF  COUNTY OF  County OF  Subscribed and sworn to or affirmed before me this:  by	Signature of Person Making Affidavit	Printed Name of Person	Date
oubscribed and sworn to or affirmed before me this:	STATE OF		
Deputy Clerk or Notary Public  I certify under penalty of perjury that the contents of this affidavit are true and correct.  Signature of Person Making Affidavit  Printed Name of Person  Date  STATE OF  COUNTY OF  County Clerk or Notary Public  Deputy Clerk or Notary Public	COUNTY OF	<u></u>	
Deputy Clerk or Notary Public  I certify under penalty of perjury that the contents of this affidavit are true and correct.  Signature of Person Making Affidavit Printed Name of Person Date  TATE OF  COUNTY OF  subscribed and sworn to or affirmed before me this: by		(date)	
I certify under penalty of perjury that the contents of this affidavit are true and correct.    Signature of Person Making Affidavit   Printed Name of Person   Date			k or Notary Public
COTTECT.  Signature of Person Making Affidavit Printed Name of Person Date  TATE OF  OUNTY OF  ubscribed and sworn to or affirmed before me this:  by	,	1 ,	•
COUNTY OF ubscribed and sworn to or affirmed before me this:by			
ubscribed and sworn to or affirmed before me this:by	correct.		
	Signature of Person Making Affidavit	Printed Name of Person	
(date)	CORRECT.  Signature of Person Making Affidavit  TATE OF	Printed Name of Person	
	COTTECT.  Signature of Person Making Affidavit  STATE OF  COUNTY OF	Printed Name of Person  before me this:	<b>D</b> ate